



15 South School Street, PO Box 273, Mayville WI 53050

Phone: 920.387.7900 Fax: 920.387.7919

WWW.MAYVILLECITY.COM

City of Mayville – Winter Parking Permit Application

Permit Period: December 1 – April 1

Cost: \$50.00

Applicant Information

- **Owner(s) Name(s):**

- **Home Address (Must be within City of Mayville):**

- **Contact Phone Number & Cell Phone Carrier:**

- **Contact Email:**

Vehicle Information

- **Vehicle Make/Model:** _____

- **Vehicle Year:** _____

- **Vehicle Color:** _____

- **License Plate Number:** _____

- **State of Registration:** _____



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Permit Conditions (Read and Initial)

1. ___ I understand that this permit is valid **only for the above-listed vehicle**.
 2. ___ I understand that possession of a permit does **not allow parking during snow events or declared snow emergencies** (§397-70).
 3. ___ I understand that parking is restricted between **1:00 a.m. – 6:00 a.m.** from **December 1 through April 1**, unless otherwise posted or restricted due to weather.
 4. ___ I understand that vehicles parked in violation may be **ticketed and/or towed at the owner's expense**.
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Fee

- Winter Parking Permit Fee: \$50.00
(as established by the Common Council in the annual City Fee Schedule)

Payment Type: Cash Check Card

Certification

I hereby certify that the information provided is true and correct. I agree to comply with all City of Mayville parking ordinances, including §397-70, as a condition of holding this permit.

Applicant Signature: _____ **Date:** _____

For City Use Only

- Permit Number: _____
- Issued By: _____
- Date Issued: _____
- Expiration Date: April 1, _____

- Date Copy to the Police Dept. _____
- Date Copy to DPW _____